Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
LPR CONSTRUCTION COMPANY PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1984

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
LPR CONSTRUCTION COMPANY

1171 DES MOINES AVE
LOVELAND, CO 80537-5106

2b Employer Identification Number (EIN) 84-0792665

2c Sponsor's telephone number 970-203-2585

2d Business code (see instructions) 236110

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2011	DANA HOHN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/27/2011	C. ROCKWELL TURNER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
LPR CONSTRUCTION COMPANY

1171 DES MOINES AVE
LOVELAND, CO 80537-5106

3b Administrator's EIN
84-0792665

3c Administrator's telephone number
970-203-2585

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	311
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	376
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	395
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	395
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	180
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 2F 3D 2T

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
LPR CONSTRUCTION COMPANY PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
LPR CONSTRUCTION COMPANY	84-0792665	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ALLIANCE BENEFIT GROUP - ROCKY MTN

87-0364490

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	THIRD PARTY ADMINISTRATOR	11138	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

GILLIS FINANCIAL

84-1318041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISORS	50006	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

MG TRUST COMPANY LLC

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	CUSTODIAN	6471	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
LPR CONSTRUCTION COMPANY PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
84-0792665

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: MET MASTER TRUST 25157

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
58-1428634-005	C	1497631

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
LPR CONSTRUCTION COMPANY PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
84-0792665

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	8869	18964
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	208	1453
(2) Participant contributions	1b(2)		14576
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	281356	292444
(9) Value of interest in common/collective trusts	1c(9)	2825676	1497631
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2541525	4073962
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5657634	5899030
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	11469	20515
k	Total liabilities (add all amounts in lines 1g through1j)	1k	11469	20515
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5646165	5878515

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	81243	
	(B) Participants	2a(1)(B)	812439	
	(C) Others (including rollovers)	2a(1)(C)	13007	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		906689
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	12605	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		12605
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	44010	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		44010
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0
	(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		-190070
	(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		
	(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		
	(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		-9886
c	Other income	**2c**		
d	Total income. Add all **income** amounts in column (b) and enter total	**2d**		763348
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	396459	
	(2) To insurance carriers for the provision of benefits	**2e(2)**		
	(3) Other	**2e(3)**		
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		396459
f	Corrective distributions (see instructions)	**2f**		20515
g	Certain deemed distributions of participant loans (see instructions)	**2g**		52805
h	Interest expense	**2h**		
i	Administrative expenses: **(1)** Professional fees	**2i(1)**		
	(2) Contract administrator fees	**2i(2)**	11138	
	(3) Investment advisory and management fees	**2i(3)**	50006	
	(4) Other	**2i(4)**	75	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	**2i(5)**		61219
j	Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		530998
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	**2k**		232350
l	Transfers of assets:			
	(1) To this plan	**2l(1)**		
	(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: BAUERLE AND COMPANY, P.C. **(2)** EIN: 84-0817888

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
LPR CONSTRUCTION COMPANY PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LPR CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
84-0792665

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 75-3182674

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

LPR CONSTRUCTION COMPANY
PROFIT SHARING PLAN WITH
401(K) ARRANGEMENT

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

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Bauerle
AND COMPANY

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Trustees of LPR Construction Company
Profit Sharing Plan with 401(k) Arrangement

We were engaged to audit the Statements of Net Assets Available for Benefits of the LPR Construction Company Profit Sharing Plan with 401(k) Arrangement, as of December 31, 2010 and 2009, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010, and the supplemental schedule as of and for the year ended December 31, 2010, as listed in the accompanying contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes H, I and J, which was certified by MG Trust Company, LLC, the custodian of the Plan, except for comparing the information with the related information included in the 2010 and 2009 financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian, as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Bauerle and Company, P.C.

Bauerle and Company, P.C.
FEIN: 84-0817888

September 7, 2011
Denver, Colorado

7887 E. Belleview Ave., Ste. 700
Denver, CO 80111

MAIN: 303.759.0089
FAX: 303.759.2189
www.bcdenver.com

American Institute of Certified Public Accountants

Colorado Society of Certified Public Accountants

PKF North America, an association of legally independent firms

LPR CONSTRUCTION COMPANY
PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

ASSETS

	2010	2009
INVESTMENTS:		
Non-Interest Bearing Cash	$ 18,964	$ 8,869
Mutual Funds (at Fair Value)	4,073,962	2,541,525
Common Collective Trust (at Fair Value)	-	1,595
Investment in Fully Benefit-Responsive Investment Contract (at Fair Value)	1,539,295	2,754,683
Total Investments (at Fair Value)	5,632,221	5,306,672
RECEIVABLES:		
Employers' Contributions	1,453	-
Employers' Interest Contribution	-	208
Participants' Contributions	14,576	-
Participant Notes Receivable	292,444	281,356
Total Receivables	308,473	281,564
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	5,940,694	5,588,236
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract	(41,664)	69,398
TOTAL ASSETS	5,899,030	5,657,634

LIABILITIES

LIABILITIES:		
Excess Participants' Contributions to Distribute	(20,515)	(11,469)
NET ASSETS AVAILABLE FOR BENEFITS	$ 5,878,515	$ 5,646,165

The accompanying notes are an integral part of the financial statements.

LPR CONSTRUCTION COMPANY
PROFIT SHARING PLAN WITH 401(K) ARRANGEMENT

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

ADDITIONS TO PLAN ASSETS ATTRIBUTED TO:		
Investment Income:		
Net Investment Gain from Fully Benefit-Responsive Investment Contract		$ 58,051
Dividend Income		44,010
Participants' Loan Interest		12,605
Investment Income - Net		114,666
Employers' Contributions	$ 81,243	
Participants' Contributions	812,439	
Rollover Contributions	13,007	
Total Contributions/Rollovers		906,689
Total Additions		1,021,355
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net Investment (Loss) from Mutual Funds	(9,886)	
Net Investment (Loss) from Common Collective Trust Funds	(248,121)	
Benefits Paid to Participants	(396,459)	
Excess Participants' Contributions to Distribute	(20,515)	
Deemed Distributions of Participants' Loans	(52,805)	
Administrative Fees	(61,219)	
Total Deductions		(789,005)
NET INCREASE IN NET ASSETS		232,350
NET ASSETS AVAILABLE FOR BENEFITS – BEGINNING OF YEAR		5,646,165
NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR		$ 5,878,515

The accompanying notes are an integral part of the financial statements.

A Description of Plan.

The following description of the LPR Construction Company Profit Sharing Plan with 401(k) Arrangement (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1 **General.** The Plan is a defined contribution plan consisting of a 401(k) Plan and a Profit Sharing Plan. The Plan covers all full-time employees of the Company who have completed thirty days of service, are age eighteen or older, and are not covered by a collective bargaining agreement. The Plan covers employees rendering services for the employer on contracts subject to the Davis-Bacon Act, Service Contract Act, or other Federal, State, or Municipal prevailing wage laws. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

2 **Contributions.**

Profit Sharing Plan: Each year, it is the discretion of the Company's Board of Directors to determine the amount of contribution.

401(k) Plan: Each year, participants may contribute up to the amount allowable by law of pretax annual compensation, as defined in the Plan. For the years ended December 31, 2010 and 2009, the amount was $16,500, for both years. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Company may contribute a matching contribution equal to a percentage of each participant's contribution with the exact percentage to be determined each year by the Company. Additional amounts may be contributed at the option of the Company's Board of Directors. Contributions are subject to certain limitations. The Company contributions to the Plan for employees, subject to prevailing wage laws, are determined by the Company based on rates that satisfy the wage determination issued by the governmental agency responsible for the contract.

3 **Participant Accounts.** Each participant's account is credited with the allocation of (a) the participant's contributions, (b) the Company's contributions, (c) Plan earnings, and (d) forfeitures of terminated participants non-vested accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

A **Description of Plan.** (Continued)

4 **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. The participants are vested in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon based upon a six year vesting schedule. Participants are immediately vested in contributions subject to prevailing wage laws.

5 **Investment Options.** Upon enrollment in the Plan, contributions will be allocated between accounts as directed by the participant in accordance with the investment allocation form provided by the employer. Participants may change their investment options at any time.

6 **Payment of Benefits.** Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified time period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

7 **Participant Notes Receivable.** Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant notes fund. Loan terms range from 1-5 years or up to 30 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at the Wall Street Journal prime rate plus 1%. Principal and interest is paid ratably through weekly payroll deductions.

8 **Forfeited Accounts.** At December 31, 2010 and 2009, the balance of forfeited accounts totaled $28,953 and $30,051, respectively. The Company has the option to return forfeited accounts back to the Plan as additional contributions, to offset future employer contributions, or to be used to pay Plan expenses.

9 **Administrative Expenses**. Certain expenses of maintaining the Plan are directly paid by the Company. Administrative fees paid out of Plan assets for the years ended December 31, 2010 and 2009, were $61,219 and $68,927, respectively.

B **Summary of Accounting Policies.**

1 **Basis of Accounting.** The financial statements of the Plan are prepared using the accrual method of accounting.

B Summary of Accounting Policies. (Continued)

2 **Estimates.** The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

3 **Investment Valuation and Income Recognition.** The investments of all of the funds, except the fully benefit-responsive investment contract, are presented at fair value based on the quoted market prices of the underlying securities within each fund at December 31, 2010 and 2009. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fully benefit-responsive investment contract is reported at fair value and adjusted to contract value. Contract value represents the accumulated contributions plus accrued net earnings less distributions.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contract as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

4 **Payment of Benefits.** Benefits are recorded when paid.

5 **Subsequent Events.** In preparing its financial statements, the Company has evaluated subsequent events through September 7, 2011, which is the date the financial statements were available to be issued. The Company has not identified any material subsequent events that require reporting or disclosure.

6 **Participant Notes Receivable.** Notes receivable from participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent loans may be classified as distributions based upon the terms of the Plan document.

C Risks and Uncertainties.

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

D Fair Value Measurements.

The Plan's investments are reported at fair value in the accompanying Statement of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels, and all of the Plan's investments are valued using inputs considered Level 1 and Level 2.

Level 1 Fair Value Measurements.

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of mutual funds are based on the closing price reported on the active market where the individual securities are traded.

Level 2 Fair Value Measurements.

The fair value of the common/collective trust and the fully benefit-responsive investment contract is based on quoted net asset values of similar assets in active markets at year-end.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2010 and 2009:

D Fair Value Measurements. (Continued)

Assets at Fair Value as of December 31, 2010

	Fair Value	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
Index Funds	$ 397,267	$ 397,267	$ -	$ -
Growth Funds	658,209	658,209	-	-
Value Funds	112,058	112,058	-	-
Fixed Income Funds	34,515	34,515	-	-
Other Funds	2,871,913	2,871,913	-	-
Total Mutual Funds	4,073,962	4,073,962	-	-
Non-Interest Bearing Cash	18,964	18,964	-	-
Investment in Fully Benefit-Responsive Investment Contract	1,539,295	-	1,539,295	-
Total Assets at Fair Value	$ 5,632,221	$ 4,092,926	$1,539,295	$ -

Assets at Fair Value as of December 31, 2009

	Fair Value	Quoted Prices in Active Markets for Identical Assets/Liabilities (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds:				
Growth Funds	$ 264,679	$ 264,679	$ -	$ -
Value Funds	126,544	126,544	-	-
Fixed Income Funds	15,076	15,076	-	-
Other Funds	2,135,226	2,135,226	-	-
Total Mutual Funds	2,541,525	2,541,525	-	-
Non-Interest Bearing Cash	8,869	8,869	-	-
Common Collective Trust:				
Growth Funds	204	-	204	-
Value Funds	415	-	415	-
Fixed Income Funds	179	-	179	-
Other Funds	797	-	797	-
Total Common Collective Trust	1,595	-	1,595	-
Investment in Fully Benefit-Responsive Investment Contract	2,754,683	-	2,754,683	-
Total Assets at Fair Value	$ 5,306,672	$ 2,550,394	$ 2,756,278	$ -

E Plan Termination.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

F Tax Status.

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code and, accordingly, the trust's net investment income is exempt from income taxes. The Plan has obtained a favorable tax determination letter from the Internal Revenue Service dated July 6, 2010 and the plan sponsor believes that the Plan continues to qualify and to operate as designed. As of December 1, 2009, a restated 401(k) Profit Sharing Plan was put into place by the Company to be in compliance with the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

G Profit Sharing Contribution.

During the years ended December 31, 2010 and 2009, the Board of Directors elected to not make a discretionary profit sharing contribution.

H Investment Contract with Insurance Company.

In April of 2008, the Plan entered into a fully benefit-responsive investment contract with MG Trust Company, LLC (MG Trust). MG Trust has classified this benefit-responsive investment contract as a common collective trust. Because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

H Investment Contract with Insurance Company. (Continued)

The guaranteed investment contract is presented on the face of the Statement of Net Assets Available for Benefits at fair value with an adjustment to contract value in arriving at net assets available for benefits. Contract value, as reported to the Plan by MG Trust represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The adjustment from fair value to contract value for the investment contract is based on the contract value as reported to the Plan by MG Trust.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 and 2009, was $1,539,295 and $2,754,683, respectively. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates were reviewed on a quarterly basis for resetting.

	2010	2009
Average Yields:		
Based on Actual Earnings	8.97%	15.01%
Based on the Interest Rate Credited to Participants	3.73%	3.80%

Certain events, such as the premature termination of the contract by the Plan or the termination of the Plan, would limit the Plan's ability to transact at contract value with MG Trust. The plan administrator believes the occurrence of such events that would also limit the Plan's ability to transact at contract value with the Plan participants is not probable.

I Investment in Mutual Funds.

The following is a detail of the investment in mutual funds at December 31, 2010 and 2009. Cost is not readily determinable:

	2010	2009
American Century Equity Income A	$ -	$ 35,751
American Funds Growth Fund of America R4	-	110,615
Artisan Mid Cap Value	-	42,090
Baron Partners	-	80,599
Cohen & Steers Realty Shares	-	7,801
Columbia Acorn Z	-	58,969
Columbia Value and Restructuring Z	-	48,703
Davis New York Venture A	-	22,519

I **Investment in Mutual Funds.** **(Continued)**

	2010	2009
Fidelity Advisor Leveraged Company Stock A	$ -	$ 61,000
Harbor International	-	44,642
iShares Barclays Intermed Govt/Credit Bond Fund	10,803	-
iShares Russell 1000 Growth Index	128,873	-
iShares Russell 1000 Value Index	58,799	-
iShares Trust S&P MidCap 400 Index	387,437	-
Manning & Napier Pro Blend Ext Term I	1,857	-
Manning & Napier Pro Blend Max Term I	-	1,981
Manning & Napier Pro Blend Max Term I	9,019	-
Manning & Napier Pro Blend Mod Term I	12,902	-
Oakmark Equity and Income I	-	1,016,315
Oppenheimer International Bond A	-	6,552
Oppenheimer International Small Company A	-	12,515
Powershares QQQ	442,718	-
Powershares DB Commodity Index	156,931	-
ProShares Short S&P 500	9,830	-
RS Partners A	-	52,422
Russell Lifepoints 2015 Strategy R1	3,285	15,534
Russell Lifepoints 2025 Strategy R1	103,897	79,537
Russell Lifepoints 2035 Strategy R1	400,727	295,179
Russell Lifepoints 2045 Strategy R1	548,065	538,659
Rydex Ursa	-	1,618
Vanguard FTSE All World ex-US ETF	361,031	-
Vanguard Mid-Cap Growth ETF	270,843	-
Vanguard Mid-Cap Value ETF	50,250	-
Vanguard Emerging Markets Stock ETF	195,979	-
Vanguard REIT Index ETF	167,970	-
Vanguard Small Cap ETF	378,765	-
Vanguard Small Cap Value	3,009	-
Vanguard Small Cap Growth ETF	234,715	-
Vanguard Total Bond Market ETF	23,712	-
Vanguard Total Stock Market ETF	112,545	-
Westcore Plus	-	8,524
	$ 4,073,962	$ 2,541,525

J Investment in Common Collective Trust.

The following is a detail of the investment in the common collective trust at December 31, 2010 and 2009. Cost is not readily determinable:

	2010	2009
MG Trust/MSCI EAFE International Equity	$ -	$ 198
MG Trust/DJ Wilshire Large Cap Core	-	196
MG Trust/DJ Wilshire Large Cap Growth	-	204
MG Trust/DJ Wilshire Mid Cap Core	-	203
MG Trust/DJ Wilshire Mid Cap Value	-	206
MG Trust/DJ Wilshire Small Cap Core	-	200
MG Trust/DJ Wilshire Small Cap Value	-	209
MG Trust/Lehman Passive Bond	-	179
	$ -	$ 1,595

K Related Party Transactions.

During the year ended December 31, 2009 certain Plan investments were shares in the common collective trust managed by MG Trust Company, LLC. MG Trust Company, LLC is the custodian, as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees and commissions paid by the Plan for the investment management services amounted to $6,075 for the year ended December 31, 2009.

L Regulatory Compliance.

During the year ended December 31, 2009, the Company was delinquent in remitting participant contributions and participant loan repayments to the Plan in accordance with Department of Labor regulations. At December 31, 2009, the Company accrued $208 of lost earnings on the delinquent amounts as computed under the Voluntary Fiduciary Correction Program. During the year ended December 31, 2009, the Company had contributed all delinquent participant contributions and participant loan repayments.

M Reconciliation of Financial Statements to Schedule H Form 5500.

As of December 31, 2010 and 2009, the Plan's Form 5500 Annual Return/Report of Employee Benefit Plan reports the benefit responsive investment contract with MG Trust Company, LLC as a common collective trust investment. The following is a reconciliation of the financial statements to the Plan's Form 5500:

Statement of Net Assets Available for Benefits:

	2010	2009
Investment in Fully Benefit-Responsive Investment Contract – per Financial Statements	$ 1,539,295	$ 2,754,683
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contract – per Financial Statements	(41,664)	69,398
Common Collective Trust – per Financial Statements	-	1,595
Investment in Common Collective Trust – per Form 5500	$ 1,497,631	$ 2,825,676

Statement of Changes in Net Assets Available for Benefits:

Net Investment Gain from Fully Benefit-Responsive Investment Contract – per Financial Statements	$ 58,051
Net (Loss) from Common Collective Trust Funds – per Financial Statements	(248,121)
Net (Loss) from Common Collective Trusts– per Form 5500	($ 190,070)

SUPPLEMENTARY SCHEDULE

Attachment to Schedule H of Form 5500 for the plan year beginning January 1, 2009 and ending December 31, 2010
LPR Construction Company Profit Sharing Plan with 401 (K) Arrangement
Plan Sponsor - LPR Construction Company EIN 84-0792665, Plan #001

Part IV - Line 4i - Schedule of Assets Held for Investment Purposes

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	iShares Barclays Intermed Govt/Credit Bond Fd	Mutual Fund	Not Determinable	$ 10,803
	iShares Russell 1000 Growth	Mutual Fund	Not Determinable	128,873
	iShares Russell 1000 Value	Mutual Fund	Not Determinable	58,799
	iShares Trust S&P Mid Cap 400 Index	Mutual Fund	Not Determinable	387,437
	Manning & Napier Pro Blend Ext Term I	Mutual Fund	Not Determinable	1,857
	Manning & Napier Pro Blend Max Term I	Mutual Fund	Not Determinable	9,019
	Manning & Napier Pro Blend Mod Term I	Mutual Fund	Not Determinable	12,902
	Powershares QQQ	Mutual Fund	Not Determinable	442,718
	Powershares DB Commodity Index	Mutual Fund	Not Determinable	156,931
	Proshares Short S&P500	Mutual Fund	Not Determinable	9,830
	Russell Lifepoints 2015 Strategy R1	Mutual Fund	Not Determinable	3,285
	Russell Lifepoints 2025 Strategy R1	Mutual Fund	Not Determinable	103,897
	Russell Lifepoints 2035 Strategy R1	Mutual Fund	Not Determinable	400,727
	Russell Lifepoints 2045 Strategy R1	Mutual Fund	Not Determinable	548,065
	Vanguard FTSE All World ex-US ETF	Mutual Fund	Not Determinable	361,031
	Vanguard Mid-Cap Growth ETF	Mutual Fund	Not Determinable	270,843
	Vanguard Mid-Cap Value ETF	Mutual Fund	Not Determinable	50,250
	Vanguard Emerging Markets Stock ETF	Mutual Fund	Not Determinable	195,979
	Vanguard REIT Index ETF	Mutual Fund	Not Determinable	167,970
	Vanguard Small Cap ETF	Mutual Fund	Not Determinable	378,765
	Vanguard Small Cap Value	Mutual Fund	Not Determinable	3,009
	Vanguard Small Cap Growth ETF	Mutual Fund	Not Determinable	234,715
	Vanguard Total Bond Market ETF	Mutual Fund	Not Determinable	23,712
	Vanguard Total Stock Market ETF	Mutual Fund	Not Determinable	112,545
	Reliance Trust Company Stable Value Fund	Benefit-Responsive Investment Contract	Not Determinable	1,497,631
	Non-Interest Bearing Cash	Non-Interest Bearing Cash	Not Determinable	18,964
	Participant Loans	Maturity Dates through December 2014; Interest Rates from 4.25% to 9.25%		292,444
				$ 5,863,001

* Denotes Party-in-Interest

SUPPLEMENTARY SCHEDULE

Attachment to Schedule H of Form 5500 for the plan year beginning January 1, 2009 and ending December 31, 2010
LPR Construction Company Profit Sharing Plan with 401 (K) Arrangement
Plan Sponsor - LPR Construction Company EIN 84-0792665, Plan #001

Part IV - Line 4i - Schedule of Assets Held for Investment Purposes

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	iShares Barclays Intermed Govt/Credit Bond Fd	Mutual Fund	Not Determinable	$ 10,803
	iShares Russell 1000 Growth	Mutual Fund	Not Determinable	128,873
	iShares Russell 1000 Value	Mutual Fund	Not Determinable	58,799
	iShares Trust S&P Mid Cap 400 Index	Mutual Fund	Not Determinable	387,437
	Manning & Napier Pro Blend Ext Term I	Mutual Fund	Not Determinable	1,857
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	Manning & Napier Pro Blend Mod Term I	Mutual Fund	Not Determinable	12,902
	Powershares QQQ	Mutual Fund	Not Determinable	442,718
	Powershares DB Commodity Index	Mutual Fund	Not Determinable	156,931
	Proshares Short S&P500	Mutual Fund	Not Determinable	9,830
	Russell Lifepoints 2015 Strategy R1	Mutual Fund	Not Determinable	3,285
	Russell Lifepoints 2025 Strategy R1	Mutual Fund	Not Determinable	103,897
	Russell Lifepoints 2035 Strategy R1	Mutual Fund	Not Determinable	400,727
	Russell Lifepoints 2045 Strategy R1	Mutual Fund	Not Determinable	548,065
	Vanguard FTSE All World ex-US ETF	Mutual Fund	Not Determinable	361,031
	Vanguard Mid-Cap Growth ETF	Mutual Fund	Not Determinable	270,843
	Vanguard Mid-Cap Value ETF	Mutual Fund	Not Determinable	50,250
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	Vanguard Small Cap ETF	Mutual Fund	Not Determinable	378,765
	Vanguard Small Cap Value	Mutual Fund	Not Determinable	3,009
	Vanguard Small Cap Growth ETF	Mutual Fund	Not Determinable	234,715
	Vanguard Total Bond Market ETF	Mutual Fund	Not Determinable	23,712
	Vanguard Total Stock Market ETF	Mutual Fund	Not Determinable	112,545
	Reliance Trust Company Stable Value Fund	Benefit-Responsive Investment Contract	Not Determinable	1,497,631
	Non-Interest Bearing Cash	Non-Interest Bearing Cash	Not Determinable	18,964
	Participant Loans	Maturity Dates through December 2014; Interest Rates from 4.25% to 9.25%		292,444
				$ 5,883,001

* Denotes Party-in-Interest